

## COMMENTS ON THE 1115 WAIVER CONCEPT PAPER FOR ILLINOS MEDICAID

- Is the integrated delivery system referenced on page 1 the same thing as the integrated care managed care program?
- There are several references to community health workers who would be trained to take on broad responsibilities. Is this a new category of worker or an existing type of employee? Who will provide the training of these workers?
- It is our understanding that the largest focus of the 1115 Waiver will be coverage of State Plan services and services to the “expanded eligibility” population. It is also our understanding that the largest portion of savings is expected to come from reduced use of emergency rooms, hospitalizations and nursing homes. Why then is the rebuilding and expansion of the HCBS Infrastructure the first “Path”? Our concern is that the Alliance for Health and the State Health Care Innovation Plan Process did not go a step further and begin to explore the details which would be involved in implementing the recommendations.
- On page 6 there is a statement that appropriate and essential HCBS services will be delivered in a coordinated fashion through managed care entities and their providers networks. Is this to say that all HCBS services will now be delivered in this fashion without the use of the existing agency approaches?
- What is the purpose of the provider assessment mentioned on page 7? It does not make sense that the waiver service providers would have any kind of bias toward institutionalization.
- Will the funds for the incentive programs come primarily from savings from reduced usage of emergency rooms, hospitals or nursing homes?
- What is a Medicaid Graduate Medical Education Program and what does it enable the state to do that it cannot do currently?
- What are “In-home specialized personal attendants” and what type of training do they receive and from whom? Are they HCBS providers or do they work in primary medical care?
- What types of unnecessary costs are anticipated to be eliminated? (Page 14)
- On page 14 it says that actuaries will help identify anticipated savings. Program staff will look forward to the opportunity work with the actuaries to identify such savings.

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***As a final note, this Division would like to recommend that the State apply for the 1115 waiver for medical services only initially and add the nine Medicaid waiver programs and perhaps also the nursing facilities as a second phase.***

The rationale for this is that the vast majority of spending and savings resides in all the other Medicaid programs and that the nine HCBS waivers stand in significant contrast to other populations and services as follows:

- The waivers are much more complex than even the managed care programs;
- Each of the nine waivers are substantially different from the other waivers which will make it much more difficult to find common ground and achieve any measure of coordination;
- The waivers serve the most severe of all Medicaid-covered populations so any disruption of services will have much more profound consequences than would a disruption of services to most other Medicaid-covered populations;
- There are four sets of enabling legislation that may require change if the waivers are changed, which in our experience is not that easy;
- Additionally, there are a multitude of very specific state and federal statutes which apply to long term care for persons with developmental disabilities and mental illness;
- The reason the disability/age populations in the waivers are “siloed” is because each of these populations is very different when it comes to their need for waiver-based home care and the specific services needed such that it requires very different staff expertise, sometimes even requiring clinical training and licensure/certification, to appropriately evaluate and determine the care needs of the various populations.

It would therefore appear that staffing and services will have to be coordinated and that some statutes may require change in order to include the HCBS waivers in the 1115 waiver. This can be expected to take more than a month or two.